



TOWN OF HAYSI
P O BOX 278
HAYSI, VA. 24256
PHONE: (276) 865-5187 FAX: (276) 865-9808
EMAIL: BOWENSTOWNOFHAYSI@DCWIN.ORG

BUSINESS LICENSE APPLICATION

NAME OF BUSINESS: _____

OWNER OF BUSINESS: _____

BUSINESS TELEPHONE: _____

BUSINESS EMAIL &/OR WEBSITE: _____

EMERGENCY TELEPHONE#/NAME: _____

911 STREET LOCATION: _____

MAILING ADDRESS: _____

City State Zip Code

FEDERAL ID#: _____

PRIMARY BUSINESS PURPOSE/FUNCTION: _____

COMPUTATION OF LICENSE TAX:

2008 Gross Receipts of
Sales & Commissions

\$ _____ () Actual
() Estimated

(Based on Gross Receipts not Net!!)

-Less Sales Tax \$/or Gas Tax

\$(_____)

-Less Lottery Sales

\$(_____)

Taxable Receipts

\$ _____

Applicable Rate

X _____

Refer to chart on page 2

2009 Business License Tax

\$ _____

License Fee

\$ _____ \$30.00

If paid after March 1st, add

\$ _____ 10% Penalty of the Tax

TOTAL AMOUNT DUE

\$ _____

I do certify that the above information is true and correct to the best of my knowledge. I understand that an intentional misrepresentation of the above information is a misdemeanor and punishable as such.

SIGNATURE

TITLE

DATE